Please complete and forward this form to the address given below.

Federation of State Medical Board, Inc. Federation Place PO Box 619850 Dallas, TX 75261-9850

Phone: 817-868-4083 Fax: 817-868-4099

Attention: State Board Inquiries		
BOARD ACTION DATABANK INQUIRY FORM		
Nam	of Medical & Osteopathic E e of Board Search concerning the foll	
Practitioner's Name	(Last, First, Middle)	Degree
Date of Birth (month/day/year)		
Medical School		
Year of Graduation		
Social Security Number		
ECFMG #		
Practitioner's Signature:		